10/22/2012 20 : 44

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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Rosa DeLauro ADDRESS (number and street) 12 Trumbull Street CITY, STATE, and ZIP CODE New Haven 2. NAME OF CANDIDATE Rosa L Delauro 3. OFFICE SOUGHT (State and District) House CT 03 4. FEC IDENTIFICATION NUMBER C00238865 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON AFULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN AMENDMENT PAC Name of Employer Date (month, day, year)	ount 1000
ADDRESS (number and street) CITY, STATE, and ZIP CODE New Haven CT 06511-6311 2. NAME OF CANDIDATE ROSa L Delauro NO, THIS IS A NEW FILING A. FULL NAME, MAILING ADDRESS AND ZIP CODE Amer Assoc For Geriatric Psychiatry PAC CT 06511-6311 4. FEC IDENTIFICATION NUMBER CO0238865 4. FEC IDENTIFICATION NUMBER CO0238865 4. FEC IDENTIFICATION NUMBER CO0238865 Date (month, day, year)	
New Haven 2. NAME OF CANDIDATE ROSA L Delauro 3. OFFICE SOUGHT (State and District) House CT 03 C00238865 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMer Assoc For Geriatric Psychiatry PAC Name of Employer Date (month, day, year)	
New Haven 2. NAME OF CANDIDATE ROSA L Delauro 3. OFFICE SOUGHT (State and District) House CT 03 C00238865 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE Amer Assoc For Geriatric Psychiatry PAC CT 03 C00238865 4. FEC IDENTIFICATION NUMBER CT 03 C00238865 Date (month, day, year)	
Rosa L Delauro House CT 03 C00238865 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE Amer Assoc For Geriatric Psychiatry PAC Amount American Structure (Month), day, year)	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE Amer Assoc For Geriatric Psychiatry PAC Name of Employer Date (month, day, year)	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Amer Assoc For Geriatric Psychiatry PAC Name of Employer Date (month, day, year)	
Amer Assoc For Geriatric Psychiatry PAC	
Amer Assoc For Geriatric Psychiatry PAC	1000
40/00/0040	1000
7910 Woodmont Avenue 10/20/2012	
Suite 1050 Transaction ID : 41250000	
Bethesda MD 20814-3069 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amo	unt
National Postal Mail Handlers PAC	
905 16th Street NW	2500
Transaction ID : 41256000	
Washington DC 20006-1703 Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amor	unt
day, year)	
Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amor	unt
day, year)	
Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)	unt
day, year)	
Occupation	
SIGNATURE (optional) Patrick Charmel DATE For further information co	
Federal Election Commissi Federal Election Commissi	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

